157TH

ANNUAL REPORT

OF

THE SOCIETY OF

THE LYING-IN HOSPITAL

OF THE CITY OF NEW YORK

FOR THE YEAR

1955

530 EAST 70th STREET, NEW YORK 21, N. Y.

157th

ANNUAL REPORT

OF

THE SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK

FOR THE YEAR

1955

530 EAST 70th STREET, NEW YORK 21, N. Y.

Howard S. McCandlish, M.D.

DR. HOWARD S. McCANDLISH

August 27, 1891 – August 26, 1955

Dr. Howard Sheild McCandlish, the son of the late Howard S. McCandlish, Sr. and Florence Sutherland McCandlish, was born in Washington, D. C. on August 27, 1891. His forebears had been early settlers in Virginia, one of the old family mansions still remaining in Williamsburg. In addition, part of his family have been members of a distinguished group of French settlers who lived for many years in New York City. Dr. McCandlish often spoke of the happy days of his youth spent on the family's plantation along the York River in Eastern Virginia. His grandfather, a prominent landholder, had at one time under his dominion several hundred slaves who were freed prior to Lincoln's Emancipation Proclamation, but who chose to remain on the land provided by the McCandlish family. Dr. McCandlish's understanding of the problems of Negroes was undoubtedly the result of the impact of his close contact with the many tenant farmers on the family estate.

His early education was obtained in the public schools of Washington. He graduated from the Western High School in 1911. It is significant that all during his youth, he was determined to enter the field of medicine as his life's endeavor. This determination was reflected always in self-sacrifice and devotion to patients and their problems. His pre-medical and medical education was obtained at the University of Virginia at Charlottesville from which institution he was graduated with the degree of doctor of medicine in 1917. Upon graduation he served an internship at the Philadelphia General Hospital with part time service at the Boston City Hospital, which two institutions had reciprocating services. Dr. McCandlish entered the armed forces of the United States in 1918 during the latter part of World War I. He was honorably discharged from the Army as a First Lieutenant in 1919. His military service was in part spent at Fort Oglethorpe in Georgia. Dr. Mac often spoke lightly of having fought the "Battle of Chattanooga" in World War I. Following his discharge from the Army he entered residency training at the New York Nursery and Child's Hospital, which later became amalgamated with The New York Hospital.

Dr. McCandlish became affiliated with the Cornell Division at Bellevue Hospital in 1920 as an Assistant Adjunct Attending Obstetrician which post he held until 1926. He also served on the gynecological division of the Memorial Hospital during the year 1920–21. He was appointed as an Assistant Attending Obstetrician to the Cornell Division at Bellevue Hospital in 1926 and Associate Attending in 1928.

At the time The New York Hospital opened at its present site in 1932, Dr. McCandlish was appointed as an Associate Attending Obstetrician and Gynecologist. His appointment as Instructor in the Cornell University Medical College was continued. He was promoted to Assistant Professor of Clinical Obstetrics and Gynecology in 1941, and to Associate Professor in 1949, at which time his hospital appointment was changed to Attending Obstetrician and Gynecologist. At the time of his retirement from active practice he was appointed Consultant in Obstetrics and Gynecology.

During the years of practice, Dr. McCandlish had held appointments at Doctors Hospital, French Hospital, St. Anne's Maternity Hospital and the North Shore Community Hospital. He served for some years as the Chairman of the Infant Mortality Committee of the Medical Society of the County of New York.

During the thirty-five years Dr. McCandlish was associated with the Cornell University Medical College and later with The New York Hospital, he became recognized as a most able and accomplished obstetrician. He often indicated that the surgical aspects of gynecology did not deeply interest him and most often relegated gynecological problems to those he felt had more interest and capability along those lines. He delighted in helping resident staff members understand the fundamentals and intricacies of obstetrics. He had been intimately associated with all the medical students who passed through the halls of the Cornell University Medical College. It was his close attention to the teaching of these small groups which enabled him to impart enthusiasm to these younger members of the profession. He referred often to the development of his own teaching skills by virtue of his long term participation in teaching exercises. He served as an example for those in training, especially in his relationship to his patients, who were deeply devoted to him.

Dr. McCandlish died at the Garfield Hospital in Washington on August 26, 1955, after a long illness. He is survived by his sister, Miss Dorothea McCandlish of that city. His passing will be mourned by all those patients and medical personnel with whom it was his pleasure to be associated. He had devoted himself almost entirely to the practice of medicine to the exclusion of nearly all other activities. His loss will be greatly felt by The New York Hospital and the Cornell University Medical School.

TABLE OF CONTENTS

THE SOCIETY OF THE NEW YORK HOSPITAL

OFFICERS—1956

Hamilton Hadley . . . . . *President*
John Hay Whitney . . . . . *Vice President*
Walter G. Dunnington . . . . *Vice President for Membership*
Henry S. Sturgis . . . . . *Vice President for Finance*
Francis Kernan . . . *Vice President for Administrative Operations*
Laurence G. Payson . . . . . *Secretary and Treasurer*

BOARD OF GOVERNORS

Vincent Astor
George F. Baker, Jr.
Cornelius N. Bliss, Jr.
Edward W. Bourne
William A. M. Burden
*C. Douglas Dillon
Walter G. Dunnington
Samuel S. Duryee
Hamilton Hadley
Robert L. Hamill
William H. Harrison
Mrs. Nathaniel P. Hill
Francis Kernan
Louis M. Loeb
Jean Mauzé
Mrs. Charles S. Payson
Paul G. Pennoyer
Ogden Phipps
Willard S. Simpkins
Henry S. Sturgis
Frederick K. Trask, Jr.
Albert Carey Wall
John Hay Whitney
Langbourne M. Williams

* On leave.

HONORARY GOVERNORS

Joseph H. Choate, Jr.
Malcolm Goodridge, M.D.
A. Conger Goodyear
Connie M. Guion, M.D.
Barklie Henry
William H. Jackson
Alfred L. Loomis
Langdon P. Marvin
Murray Sargent
The Rt. Rev. Henry K. Sherrill, D.D.
Francis Cardinal Spellman
Landon K. Thorne

Henry N. Pratt, M.D., *Director, The New York Hospital*
August H. Groeschel, *Associate Director*
Tracy F. Storch, *Associate Director*

The New York Hospital—Cornell Medical Center

Joseph C. Hinsey, *Director*

JOINT ADMINISTRATIVE BOARD

Deane W. Malott, *Chairman*
Arthur H. Dean
Frederic W. Ecker
Stanton Griffis
Hamilton Hadley
Henry S. Sturgis
John Hay Whitney

REPORT OF THE PRESIDENT

The Board of Governors of The Society of the New York Hospital presents with pleasure to our members and friends this record of The Lying-In Hospital for 1955.

The important part played by the Hospital in our community is well shown in the Report of the Obstetrician and Gynecologist-in-Chief. Dr. Douglas points out, among other items, the fact that during the last decade, "our total obstetrical discharges have exceeded by one-third the discharges during the 1936–45 decade, and our gynecological discharges for 1946–55 have exceeded those of the previous decade by 55 per cent—all this growth in spite of the fact that our basic resident staff has remained numerically constant, and the obtaining and maintaining adequate nursing personnel has been increasingly difficult." It is to the credit of the professional staff that many special services, covered by the broad term "parent education" have been developed and expanded successfully without curtailment of admissions, and made our services the greater.

Our research programs have continued unabated; special studies have been made during the year in biochemistry, habitual abortion and toxemias.

The professional and administrative efforts of the hospital have been supplemented by the kindly and able assistance of members of The Ladies' Auxiliary. Their help in the United Hospital Fund and other financial and auxiliary matters has meant much to us. To them and to the doctors and nurses and to all employees and friends who have helped make 1955 another year of progress for The New York Hospital, I express my sincere appreciation.

HAMILTON HADLEY,
President.

April 1, 1956.

STAFF

OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

R. Gordon Douglas, M.D.

CONSULTING OBSTETRICIANS AND GYNECOLOGISTS

Byron H. Goff, M.D.
James A. Harrar, M.D.
†Howard S. McCandlish, M.D.

ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

Edward H. Dennen, M.D.
Ralph W. Gause, M.D.
Carl T. Javert, M.D.
Charles M. McLane, M.D.
Joseph N. Nathanson, M.D.
Nelson B. Sackett, M.D.
Frank R. Smith, M.D.

ASSOCIATE ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

John T. Cole, M.D.
Robert L. Craig, M.D.
William F. Finn, M.D.
J. Randolph Geppert, M.D.
William P. Given, M.D.
Oscar Glassman, M.D.
Arthur V. Greeley, M.D.
Donald G. Johnson, M.D.
Elmer E. Kramer, M.D.
Curtis L. Mendelson, M.D.
E. Fletcher Smith, M.D.
Charles T. Snyder, M.D.

ASSISTANT ATTENDING OBSTETRICIANS AND GYNECOLOGISTS

Thomas L. Ball, M.D.
Hugh R. K. Barber, M.D.
Naef K. Basile, M.D.
Perry S. Boynton, Jr., M.D.
Myron I. Buchman, M.D.
Justin T. Callahan, M.D.
David B. Crawford, Jr., M.D.
Hugh Halsey, II, M.D.
Graham G. Hawks, M.D.
Ann P. Kent, M.D.
Robert Landesman, M.D.
William D. McLarn, M.D.
Francis X. Moffitt, M.D.
Virginia K. Pierce, M.D.
Richard A. Ruskin, M.D.
George Schaefer, M.D.
Edward F. Stanton, M.D.
William J. Sweeney, M.D.
*Archibald W. Thomson, Jr., M.D.
John S. Van Mater, M.D.
Virginia Werden, M.D.

COURTESY STAFF

David N. Barrows, M.D.
William H. Cary, M.D.
W. Hall Hawkins, M.D.

PROVISIONAL ASSISTANTS, OBSTETRICS AND GYNECOLOGY

E. William Davis, Jr., M.D.
*John R. Langstadt, M.D.

SECOND YEAR RESIDENTS

Stanley J. Birnbaum, M.D.
*Kenneth G. Nickerson, M.D.
Thomas F. Dillon, M.D.

FIRST YEAR RESIDENTS

Holden K. Farrar, M.D.
James Gilmore, M.D.
Robert M. Wagner, M.D.

*Service terminated June 30, 1955.
†Deceased.

STAFF—*Continued*

THIRD YEAR ASSISTANT RESIDENTS

Charles H. Bippart, M.D.
Charles A. deProsse, M.D.
*Kay M. Kreth, M.D.
Herbert R. Kuhn, Jr., M.D.
James P. McNeil, Jr., M.D.
Herbert A. Zaccheo, M.D.

SECOND YEAR ASSISTANT RESIDENTS

Robert I. Ayerst, M.D.
Edward C. Mann, M.D.
Bennett Barton, M.D.
Edmund McC. Stapleford, M.D.
Jay B. Skelton, M.D.

FIRST YEAR ASSISTANT RESIDENTS

Ronald H. Allen, M.D.
Kenneth R. Baldwin, M.D.
Walter L. Freedman, M.D.
Melville A. Platt, M.D.
Robert E. Wieche, M.D.

OBSTETRICAL AND GYNECOLOGICAL PATHOLOGIST

Carl T. Javert, M.D.

CHEMIST

Roy W. Bonsnes, B.S., Ph.D.

STATISTICIAN

Frances A. Macdonald, A.B.

RESEARCH ASSISTANTS

Elaine R. Grimm, Ph.D.
Mary Christian Hill, M.S.

LABORATORY ASSISTANTS

Helen Bodnar
Mildred Michener
Pathology

Ione F. Davis
Bacteriology

Marie Florio
Amy Marney
Nelson L. Osterberg
Chemistry

NURSING STAFF

Muriel R. Carberry, M.S., R.N., *Director of Nursing Service*
Verda F. Hickcox, M.A., R.N., *Head of Obstetrical and Gynecological Nursing Service*

Kathleen Newton Shafer, M.A., R.N., *Head of Out-Patient Nursing Service and Instruction*

DIRECTOR OF SOCIAL SERVICE

Virginia T. Kinzel, B.A.

---

* Service terminated June 30, 1955.

REPORT OF THE OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

To the Board of Governors of

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor of presenting herewith the 157th Annual Report of the Lying-In Hospital of the City of New York for the year 1955.

Dr. Howard Sheild McCandlish died on August 26, 1955. At the time of his death he was Consultant Obstetrician and Gynecologist. His wise, friendly counsel will be greatly missed by staff, patients and students.

During the last decade total adult obstetrical discharges have exceeded by one-third the discharges during the previous decade, 1936–1945. The gynecological discharges for 1946–1955 have exceeded those for the period 1936–1945 by 55 per cent.

What this signifies in dedication of the workers in all divisions of this department can be partly grasped by mentioning only two considerations that indicate the increased volume of service per worker. To give one example, the basic resident staff has remained numerically constant throughout the entire period. In the face of increasing difficulty in obtaining and maintaining adequate nursing personnel (as described in Miss Hickcox's "Report of the Nursing Service") to cite another example, many special services covered by the broad term "parent education" have been developed and expanded successfully without curtailment of admissions.

The sustained quality of treatment is reflected in the statistics for the hospital. The downward trends of incidence of puerperal morbidity and of prolonged labor, presented graphically in the 1952 Annual Report, have continued. No maternal death from hemorrhage has occurred since January 1946. Infant mortality has remained practically constant for the last five years with the percentage for total infants, 500 grams birth weight and over, fluctuating between 2.5 and 3.0, and that for infants 1,000 grams and over 2.2 and 2.1, and for 1,500 grams and over,

1.8 and 1.6. During the decade 1936–1945 the number of infants lost in the latter category was approximately twice as great.

Statistics. During the year 1955 there were 7,420 adult discharges, of whom 5,166 were obstetrical and 2,254 were gynecological. This represents an increase of 120 on the obstetrical service and 129 on the gynecological service. Total discharges including newborn numbered 11,560 compared to 11,250 in 1954.

On the obstetrical service private patients represented 12.5 per cent, semi-private patients, 34.3 per cent and pavilion patients, 53.2 per cent of all discharges. These figures compare to 11.7, 36, and 52.3 per cent respectively in 1954. It is both significant and gratifying to record an increase in the number and percentage of pavilion patients which constitutes the most valuable part of the teaching material.

Unfortunately there were three maternal deaths during the year. One of these occurred in an unregistered patient with advanced neoplastic disease who died a few hours after admission. The second death was in an elderly antepartal patient caused by a massive coronary thrombosis. The third patient died of respiratory complications following delivery.

There were 4,137 infants weighing 500 or more grams delivered during the year with a gross fetal mortality of three per cent, compared to two and nine-tenths per cent in 1954. Excluding the infants weighing less than 1,000 grams (2.2 pounds) the gross infant mortality was two and two-tenths per cent compared to two and one-tenth per cent in 1954. The gross perinatal mortality of all infants weighing 1,500 or more grams was one and six-tenths per cent (1.7 per cent in 1954). Of the total 126 deaths 88 or 69.8 per cent were classified as premature. Sixty-two of these weighed less than 1,500 grams. There were only 38 deaths in the 3,815 term infants or one per cent. Nine of these or 23.7 per cent died prior to the onset of labor. Ten of the remaining 29 died of congenital anomalies incompatible with life. Two others died from erythroblastosis fetalis. Of the 17 remaining, nine died of complications associated with abnormal pulmonary ventilation, three of anoxia due to cord or placental accidents of pregnancy and five of miscellaneous causes.

There was a total of 2,254 discharged gynecological patients during 1955 compared to 2,125 in 1954. The increase was accounted for by 136 more discharges from the semi-private service and 30 more from the private service, with a decrease of 37 patients on the pavilion service. The percentage of pavilion patients dropped to 47 per cent compared to 52 per cent in 1954.

No radical operations for cancer (exenterations) were done during the year. This does not necessarily represent a change in policy but rather suggests more exacting indications before the operation is done. There were ten Wertheim operations for carcinoma of the cervix. Of 445 hysterectomy operations during the year 118 or 26.5 per cent were performed vaginally. Of the remainder the total abdominal type of operation was done in all but nine cases.

In the out-patient department total visits by obstetrical patients increased from 21,029 in 1954 to 21,634 in 1955. Gynecological visits were 15,294 in 1954 as compared to 16,800 in 1955. These data are significant for two reasons. First, there has been a significant and progressive decrease in the number of patients admitted to ward services throughout the country during the past ten years. Secondly, the birth rate during the past decade has increased significantly in Health Department Districts of Manhattan, in some instances as much as 100 per cent. Only in Kips Bay Yorkville District, in which we are located, was a decrease recorded and that was approximately 25 per cent.

We collaborated in the publication of the "Tenth Annual Report on the Results of Treatment in Cancer of the Uterus" for the first time during 1955. Additional data concerning postoperative complications, causes of infant deaths, total admissions for cancer and non-operative procedures in patients delivering term and premature infants are included in the statistical report this year.

Research

Infertility. The organization and operation of the Infertility Clinics have been greatly improved during the year. This has been made possible through generous financial assistance received from the Vincent Astor Foundation.

Dr. William J. Sweeney, III has been added to the staff to supervise and to integrate the work of the three weekly clinics. Part-time secretarial help has been engaged to assist him in indexing and codifying the records of all patients treated during the past ten years. Over 2,000 cards, to date, have been re-indexed and filed so that both a yearly and an active file of all patients is now available. A code sheet comprising 68 columns and 700 individual items, has been composed and edited. It has been given a limited trial which has proved satisfactory. It is felt that these data when transferred to punch cards will allow us to extract a large amount of information which, it is hoped, will be valuable in guiding us in our treatment of infertile couples in the future.

An entirely new history form has been made in consultation with the Department of Psychiatry and Urology and with Dr. John MacLeod of the Department of Anatomy. A current summary sheet has been devised which affords a means of rapidly reviewing, at each visit, the pertinent data from charts which are frequently long and involved. These innovations have made it possible to complete investigational studies of couples, including a psychiatric examination when indicated, in a much shorter time than was formerly the case.

A research project on hysterograms and hysterosalpingograms is in progress and will be continued. These studies should give valuable information as to the importance of genital lesions in infertility.

I should like to express our appreciation to our psychiatric consultant, Dr. Nathaniel Warner, who has rendered valuable service in some of the perplexing problems encountered in this field. I believe the results in the past six months reflect to some extent the results of his efforts.

During the year 1955 we treated 73 new patients, while the total number of couples treated, including old patients, was 127. As of December 31, 1955, 24 of these patients were pregnant. It is noteworthy that 16 pregnancies occurred in the latter six months of the year. We feel that the number of patients treated can well be increased and that the number of pregnancies obtained will also increase under the new system.

Biochemistry. Research on fluids and electrolytes by Dr. Roy W. Bonsnes and associates as outlined last year is continuing. This year the management of patients developing a mechanical obstruction or an unexpected adynamic or paralytic ileus following non-radical pelvic surgery has been analysed in collaboration with Dr. Perry Boynton. Special attention has been directed to the use of fluids and electrolytes in the management of this condition. It was found that there was a tendency to allow these patients to become dehydrated during the period before the clinical signs and symptoms of ileus became fully manifest. In the treatment, potassium and protein losses were not replaced optimumly. As a result of this study the recommendation can be made that patients who do not progress normally postoperatively after non-radical pelvic surgery with respect to oral intake of fluids and nourishment and who need to have supplemental parenteral fluids, receive in these fluids potassium, in the form of potassium chloride to the extent of 40 mEq. per day as long as they have a urinary output of 1,000 cc. or more. Further, that if there is not a prompt remission of the ileus after institution of the potassium therapy, the protein stores of the patient be evaluated. If these are found to be deficient, protein should be administered either as whole blood or serum albumin, as is indicated.

In vitro studies of the effect of the pure posterior pituitary hormones on strips of uterine muscle have continued. A total of 87 experiments have been run on the reactions of pregnant and non-pregnant uterine muscle to oxytocin and vasopressin. Conclusions of this material show the activity of non-pregnant uterine muscle to be due in much greater part to vasopressin. Oxytocin reacts greater in the pregnant uterus at term, while vasopressin retains the ability of contracting the lower uterine segment in pregnant uteri in greater degree than oxytocin. This work will continue through the year.

The oral use of oxytocin in 88 cases has shown a 90 per cent success in its ability to "let-down" milk in lactating women. Vasopressin also has the ability to cause a milk-ejection response, but in a much lesser degree. As soon as material is available it is planned to start a larger project on the oral use of oxytocin as an aid to milk let-down.

Habitual Abortion. Among the more controversial problems in clinical obstetrics is the syndrome usually referred to as "habitual abortion," a descriptive term applied to those women who, in the absence of discernible abortigenic pathology, have spontaneously aborted on at least three successive occasions. Different workers in their empirical quest for a definitive therapy have approached this syndrome variously by way of hormones, vitamins, surgery, antiluetics, prophylactic interdictions and adjunctive psychotherapy. Significantly, each of these therapeutic tacks, when conducted under the auspices of enthusiastic proponents, has been productive of results which, when compared with any of the statistically derived spontaneous cure rates, range from good to excellent. Indeed, almost any type of treatment, in the hands of certain workers, results in success. In the face of such divergently successful therapeutics, the question arises as to the possibility of the curative process hinging not upon any "proven" specific curative agent, but instead upon some extra-specific factor present in all of the cited therapies, in which event this factor may well have to do with the therapist's personality, and in turn, with the witting or unwitting psychotherapeutic use made of it in relating to these abortion-prone women.

While both obstetricians and psychiatrists, in the past, have postulated an emotional basis for this disorder, very little validating information from a psychodynamic standpoint has been forthcoming. In the virtual absence of previous psychiatric studies upon significant numbers of these patients, and in an effort to determine the existence of any causal relationship between emotional factors and recurrent spontaneous abortion, a special clinic was established at the New York Lying-In Hospital in September, 1954, for the psychiatric investigation of this problem. After one year of exploratory study, during which time some 60 habitual aborters were psychiatrically evaluated and followed, the accumulated evidence indicated that such a relationship did exist and that the curative process was mediated through interpersonal transactions between doctor and patient. These transactions appeared to be negotiable either directly, in the manner of psychotherapy, or more indirectly, under the medicated guise of pharmacological or surgical ritual.

To test these working hypotheses and to further our understanding of the psychological processes involved, a program entailing intensive psychiatric investigation of a large number of these patients was necessary. To this end, and through the good offices of the Commonwealth Fund, a generous grant was obtained enabling us to pursue this problem along optimally investigative lines.

Dr. Edward C. Mann, who completed a psychiatric residency at Johns Hopkins Hospital before beginning his residency here in Obstetrics and Gynecology, conducted the initial phase of this study. Since October 1, 1955 he has been assisted in this undertaking by Dr. Elaine Grimm, a clinical psychologist, and Miss Mary Hill, a psychiatric social worker. They are now jointly engaged in an interdisciplinary approach to the problem, the experimental design of which, in addition to gynecological and obstetrical work-up, includes psychiatric, psychological and cultural evaluations of a large habitual abortion and control group. The plan of study is structured so that it permits of research conjunctive with therapy. By way of psychiatric interviews and projective psychometrics, the habitual aborter and her husband are thoroughly evaluated prior to conception from a personality standpoint.

The controversial nature of the problem under study, its seeming psychogenicity and amenability to psychotherapy renders the project challenging and, from a research standpoint, somewhat unique. Few, if any, psychiatric studies have as tangible an end-point against which success or failure in psychotherapy can be measured.

Dr. Javert has completed and submitted a monograph for publication on a study of two thousand spontaneous abortions. This investigation can be divided into clinical, pathologic and psychologic phases.

The decidua, representing the immediate environment of the conceptus, was found to be the most vulnerable maternal structure. It was frequently involved with hemorrhage, which was found in 61 per cent of the decidual specimens. The high incidence of decidual hemorrhage can be correlated with the clinical incidence of antepartum bleeding observed in 80 per cent of the abortion patients. It was regarded as a primary

causative factor and not the result of the abortion process in most cases, consequently the decidua becomes the target area for therapy that will prevent the occurrence of the hemorrhage.

The umbilical cord was found to be the most vulnerable fetal structure. Cord complications and not the pathological ovo-fetus, as currently believed, constituted the commonest fetal lesion, having an incidence of 54 per cent. The pathologic fetus was the second most frequently encountered fetal lesion, with the incidence of 35 per cent.

The chief lesion of the placenta was the avascular villi, including hydatidiform degeneration and hydatidiform mole, for an incidence of 44.8 per cent. The main lesions of the membranes were degeneration and infection; the latter often followed premature rupture of the membranes.

Degenerated and macerated ovo-fetuses characterized 545 specimens, or 42.8 per cent and were often found associated with cord complications and avascularity of the placental villi. Pathologically these were "missed abortions," having an incidence of nearly 50 per cent, although this type of abortion was diagnosed clinically in only eight per cent of the cases. These changes are mute evidence of anoxemia. Therefore, anoxia becomes the most frequent fetal lesion in the abortion material. Only 22 per cent of the ovo-fetuses were living and completely normal. This small group may have been salvaged by appropriate medical therapy for "threatened abortion."

Many maternal and paternal aspects were considered and the proper psychologic adjustment of the prospective parents to the marriage relationship and the pregnancy was emphasized. Stress can upset functions and cannot be ignored. Psychosomatic abortion was defined and illustrated with case reports. A psychologic investigation of habitual abortion patients is still in progress.

Prevention of spontaneous abortion has been one of the major themes of Dr. Javert's book. The author's program of prophylaxis was outlined for "habitual abortion" patients. A successful outcome resulted in over 80 per cent of their pregnancies. These measures have not been tested and therefore, have not been advocated for prevention in the primigravida or for the treatment of threatened abortion. When external bleed-

ing occurs, it may be too late for any effective therapeutic action. Spontaneous abortion is the biggest killer and therefore the foremost public health problem, with heart disease second and cancer third.

Toxemia. Motion picture equipment has been procured to photograph conjunctival vessels in normal and toxemic states. Certain mechanical difficulties have been corrected and some satisfactory film is now being obtained. We are in the process of photographing the vessels in normal and toxemic pregnancy each week to demonstrate the vascular changes. To date satisfactory film has been obtained to show spasm and attenuation associated with hypertensive disease, petechial hemorrhage in a patient with acute preeclampsia, and marked ischemia occurring in diabetes associated with renal involvement. It is hoped that during the year 1956 more and better pictures will be obtained.

A series of patients with hypertensive disease receiving reserpine are now being studied. Some patients with repeated episodes of toxemia in previous pregnancies are also included. Preliminary evidence indicates that there is a reduction in blood pressure in the majority of instances. There is, however, a rebound phenomena during labor when the patients appear to escape from the effect of the agent. To date, patients on reserpine therapy show no significant changes in the peripheral bed of the bulbar conjunctiva. It is as yet too early to determine clinical results.

During the past year a study was carried out to demonstrate the sensitivity of the bulbar conjunctival vessels with various dilutions of epinephrine and norepinephrine. Patients with normal pregnancies and those with toxemia were tested. No significant differences were obtained. An attempt was made to correlate the sensitivity with the blood pressure and again the results were not meaningful.

During the year members of the staff participated in scientific meetings in many areas of this country, Canada and Europe. Senior members of the resident staff have visited other prominent institutions to broaden their educational program.

I should like to express my sincere appreciation to all workers in this department whose loyal devotion to their duties has made it possible to render the best in medical care to our patients. I am grateful for valuable help from Dr. Joseph C. Hinsey, Director of the New York Hospital-Cornell Medical Center, Dr. Henry N. Pratt, Director of The New York Hospital, Dr. August H. Groeschel, Associate Director, Dr. E. Hugh Luckey, Dean of Cornell University Medical College, and Mr. Laurence G. Payson, Secretary and Treasurer of The Society of the New York Hospital. The staff is most grateful to the Board of Governors and to the Ladies' Auxiliary to the Society of the Lying-In Hospital for their continued and generous support.

Respectfully submitted,

R. Gordon Douglas, M.D.
Obstetrician and Gynecologist-in-Chief

REPORT OF THE HEAD OF THE OBSTETRICAL AND GYNECOLOGICAL NURSING SERVICE

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor of presenting the Annual Report of the Lying-In Hospital Nursing Service for the year 1955.

The Nursing Staff

As in past years, the continued diminution in the number of professional nurses available to maintain standards of care and nursing service has been of chief concern. On December 31 the staff was at 72 per cent strength, with 85 of the 118 positions filled. We are especially fortunate in the quality and resourcefulness of our supervisory staff, and in the continued service of a group of experienced nurses of long standing in the department. Twenty-eight (33 per cent) of the total professional group have been on the staff five to twenty-three years and thirty-four (40 per cent) one to five years. Among the twenty-three (27 per cent) appointed during 1955 are some whose nursing education has included the principles of management and concepts of maternal and infant care which contribute to the continuing adjustments necessary to provide satisfactory service under changing conditions.

With the reduction of professional nurses, employment of auxiliary personnel has increased, particularly that of nursing aides. Among these too are staff members whose experience, through length of service, make them a valued and stabilizing part of the total nursing force. Our reliance on this group makes continued progress in their integration into the total service essential. It falls upon the indispensable professional nurse to coordinate the work of the growing ratio of auxiliary workers so that the end result will be satisfactory service.

The central nursing administration of the Hospital has exerted strong leadership in the direction and coordination of work toward revision of policies and procedures, methods improvement, staff education and the orientation of new staff members. Viewed in retrospect, the accomplishments of this

program and its value to the department are notable and necessary to the maintenance of standards in a constantly shifting situation. The importance of participating in these activities is matched only by the problem of releasing staff members to attend them.

Patient Care

The study of "Nurse-Patient Relationships in a Hospital Maternity Nursing Service," undertaken in March 1954 under a grant from the American Nurses' Association, was completed in March of this year. The report will be published by C. V. Mosby Company early in 1956. There seems to be a more thoughtful awareness of what expectant parents hope for from a hospital experience, and some changes have already been made on the basis of information gained. A special effort has been made to give particular attention to the patient in early labor who has had no previous "preparation" so that she may have the reassurance of knowing what to expect; and to provide continuous assignment to the same patient so that she does not have to adjust to different nurses during labor. This is a step forward in humanized planning, one which takes the service rendered out of the purely technical and impersonal. It is of importance to nursing that this continuous relationship seems to make the constant physical presence of the nurse of less importance to the patient who knows and trusts her; an aspect of quality in nursing which stretches nursing time.

In response to complaints of fatigue and lack of sufficient sleep, babies are now given their 6 A.M. feeding in the nursery and mothers may sleep until breakfast time, which seems to have solved much of this problem.

The slow but steady growth in Rooming-In since its inception in 1949, has given us some opportunity to make adjustments to keep up with the demand. A total of 913, or 22.2 per cent of the 4,097 discharged patients delivered in 1955, roomed-in during the first full year of the conversion of one pavilion to that service. Assignment of this floor as the practice field for students in the School of Nursing has helped materially in developing and maintaining the service.

Of the 4,097 discharged patients who delivered in 1955, 670 or 16.3 per cent took the course in preparation for labor. This

is against 691 (17.2 per cent) for last year. On December 31, 1955, 129 expectant mothers who were registered for private and 76 for clinic care awaited enrollment in the course, compared to 78 private and no clinic patients on the same date in 1954.

Nursing Education

Eighty-one basic students completed the twelve week course in maternity nursing: 65 from the Cornell University-New York Hospital School of Nursing and 16 from Skidmore College Department of Nursing.

Due to a change in the Cornell University-New York Hospital School of Nursing curriculum, senior students were assigned, for the first time, to the Lying-In Hospital. Sixty-nine seniors in the class of 1955 had two weeks practice in gynecological nursing, and 38 of these also had a further eight weeks experience in some aspect of maternity nursing. Two senior students from Yale University School of Nursing spent a four week elective period at Lying-In Hospital.

Twenty-one graduate students from Teachers College, Columbia University had field work during the first semester of the 1955–1956 academic year. Twelve other students registered in various college programs (including one in anthropology) spent short periods at the Lying-In Hospital.

Fifteen students, enrolled in the School of Practical Nursing which opened this year at the Hospital for Special Surgery, had six weeks practice in the care of mothers and infants on our pavilions.

Other Activities

Supervisors have attended meetings and participated on programs outside of the hospital, particularly in those related to maternal and child care. A paper on "Nursing and Bodily Care", written by Marion Lesser and Vera Keane, was published in the July issue of the *American Journal of Nursing*, and reprinted in the *British Nursing Times*, November 25, 1955.

Respectfully submitted,

Verda F. Hickcox
Head of Obstetrical and Gynecological Nursing Service

REPORT OF THE PRESIDENT OF THE LADIES' AUXILIARY

To the Board of Governors of

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I hereby present to you the Annual Report of The Ladies' Auxiliary to The Society of the Lying-In Hospital.

Our major source of income has again been The Babies' Alumni, under the most excellent chairmanship of Mrs. Robert Grier. It has shown a steady increase of registrations. Together with renewals, resulting from birthday card reminders, a total of $7,799.07 has accrued; an increase of $320 over the 1954 figure. Our thanks go to the Volunteer Department and to Mrs. Grier and her devoted committee.

The United Hospital Fund drive was successfully conducted by our chairman, Mrs. George Watson, as, owing to other commitments, Mrs. Paul Pryibil had to relinquish this responsibility, which she had so ably undertaken for many years.

To date, our total of $7,054.15 has been achieved through 166 gifts and the results of Box Week. Nine members of the Board participated, collecting $163.78 during the week at Henri Bendels, Inc. and the restaurant of Mary Elizabeth's, Ltd. Our warm thanks go to them for permitting us again to take our stand there. The Board and Auxiliary members are to be congratulated for this creditable showing.

The Babies' Class, with Mrs. Hawks as chairman, has contributed $326.00 to the income of the Ladies' Auxiliary. Mrs. Hawks hopes that the membership will be increased in 1956.

Mrs. Johannsen has capably assumed charge of providing layettes for patients in need. Eight large and eighteen small ones were distributed. The A.W.V.S. has our grateful thanks for their beautiful sewing of many items of these layettes. Thanks are also due indeed to radio station WOR for providing 80 layettes, in response to our Christmas appeal.

Mrs. Pryibil continues to function actively as Treasurer and has done much to keep the Ladies' Auxiliary dues payments at a high level. Her financial acumen has been of inestimable value to the Board of the Auxiliary, and our grateful thanks go to her.

The Board also extends its thanks and appreciation to The Danziger Fund for their grant of $50.00 for surgical appliances.

A word of deep appreciation should also go to Mrs. Kramer for her summer roof outing project. A total of 66 hours was given by four members of the Board and thanks are extended to all who took part in this work.

We are most grateful to the Board of Governors of The Society of the New York Hospital for their financial assistance in meeting our budget.

Finally the Board would like to thank Mrs. Kinzel and her splendid staff for their excellent work during the year and the most interesting presentation of cases from time to time.

Respectfully submitted,

A. ROUTH VON HEMERT, *President*

LADIES' AUXILIARY

TO

THE SOCIETY OF THE LYING-IN HOSPITAL

Statement of Cash Receipts and Cash Disbursements of the Treasurer for the Year Ended December 31, 1955

CASH BALANCE, JANUARY 1, 1955 (including General Fund with Treasurer of Ladies' Auxiliary $1,000 and the Abraham L. Danziger Fund $77.04).....			$ 4,348.30
RECEIPTS:			
Dues:			
Patron.....	$ 500.00		
Contributing.....	375.00		
Sustaining.....	720.00	$ 1,595.00	
Donations:			
United Hospital Fund (including Greater New York Fund).....	$ 6,532.57		
The Society of the New York Hospital.....	6,350.00		
Abraham L. Danziger Fund.....	50.00		
Other.....	295.61	13,228.18	
Babies Alumni—Dues.....		7,799.07	
Babies Class—Dues.....		326.00	
Payments by Patients:			
Cash Relief.....		7.50	22,955.75
Total Recipts.....			$27,304.05
DISBURSEMENTS:			
Salaries:			
Professional Staff.....	$18,773.35		
Clerical Staff.....	4,008.95	22,782.30	
Supplies and Expense.....		1,228.38	
Medical Relief.....		174.15	
Transportation of Patients.....		36.76	
Advances to Patients:			
Cash Relief.....	52.18		
Medicines and Dressings.....	7.05	59.23	
Purchase of Equipment for Patients from Abraham L. Danziger Fund.....		77.04	
Total Disbursements.....			$24,357.86
CASH BALANCE, DECEMBER 31, 1955 (including General Fund with Treasurer of Ladies' Auxiliary $1,000 and the Abraham L. Danziger Fund of $50.00)...			$ 2,946.19

Respectfully submitted,

HELEN P. PRYIBIL, *Treasurer.*

LADIES' AUXILIARY

TO

THE SOCIETY OF THE LYING-IN HOSPITAL

1956

OFFICERS

Mrs. A. Philippe von Hemert . . . . . *President*
Mrs. George E. Watson, Jr. . . . . *Vice President*
Mrs. Paul Pryibil . . . . . *Treasurer*
Mrs. Marco W. Johannsen . . . . . *Assistant Treasurer*
Mrs. David N. Barrows . . . . . *Recording Secretary*
Mrs. Graham G. Hawks . . . . . *Corresponding Secretary*

MEMBERS OF THE BOARD OF THE LADIES' AUXILIARY

Mrs. David N. Barrows
Mrs. Myron I. Buchman
Mrs. Frederick H. Gowen
Mrs. Robert S. Grier
Mrs. Graham G. Hawks
Mrs. M. W. Johannsen
Mrs. Elmer E. Kramer
Mrs. Alexander Loudon
Mrs. Clarence Van S. Mitchell
Mrs. Alexander P. Morgan
Mrs. Frederick H. Prince, Jr.
Mrs. Paul Pryibil
Mrs. Nelson B. Sackett
Mrs. A. P. von Hemert
Mrs. George E. Watson, Jr.

ADVISORY COMMITTEE

Mrs. Paul G. Pennoyer
Mrs. E. Farrar Bateson
Mrs. Allen S. Locke
Mrs. John O. von Hemert

Mrs. Marco W. Johannsen . . . . . *Chairman of House Committee*
Mrs. Robert S. Grier . . . . . *Chairman of Babies' Alumni*
Mrs. Graham G. Hawks . . . . . *Chairman of Babies' Class*
Mrs. Paul Pryibil . . . . . *Chairman of Ways and Means*

LADIES' AUXILIARY

TO

THE SOCIETY OF THE LYING-IN HOSPITAL

MEMBERS

Andrews, Mrs. De Lano
Auchincloss, Mrs. J. Howland
Barrows, Mrs. David N.
Bartow, Mrs. Francis D.
Bateson, Mrs. E. Farrar
Bell, Mrs. W. Howard
Bodman, Mrs. Herbert L.
Buchman, Mrs. George
Buchman, Mrs. Myron I.
Budd, Mrs. Kenneth P.
Burgess, Mrs. W. Randolph
Burton, Mrs. Harris
Bush, Mrs. Donald F.
Canfield, Mrs. Cass
Cheney, Mrs. Ward
Clark, Mrs. Sibyl Y.
Clarke, Mrs. George Hyde
Cogswell, Mrs. William F.
Cushman, Mrs. Paul
Dennen, Mrs. Edward H.
Dickey, Mrs. Charles D., Jr.
Douglas, Mrs. R. Gordon
Finn, Mrs. William
Foley, Mrs. Edward H., Jr.
Gause, Mrs. Ralph W.
Gardner, Mrs. Paul E.
Glassman, Mrs. Oscar
Gowen, Mrs. Frederick H.
Greve, Mrs. William M.
Grier, Mrs. Robert S.
Griswold, Mrs. William E. S.
Hammond, Mrs. Paul L.
Hard, Mrs. DeCourcy L.
Harder, Mrs. Lewis B.
Harriman, Mrs. E. Roland N.
Harris, Mrs. Henry P. Upham
Harrower, Mrs. Gordon
Hawks, Mrs. Graham G.
Heidsieck, Mrs. E. John
Huey, Mrs. G. H. Harris
Hughes, Miss Mildred Gray
Javert, Mrs. Carl T.
Johannsen, Mrs. M. W.
Kramer, Mrs. Elmer E.
Landesman, Mrs. Robert
Lavalle, Mrs. John
Lindeberg, Mrs. Harrie T.
Lloyd-Smith, Mrs. Wilton
Locke, Mrs. Allan S.
Loudon, Mrs. Alexander
Lovett, Mrs. Robert A.
McLane, Mrs. Charles
Markoe, Mrs. James W.
Marston, Mrs. Hunter S.
Mendelson, Mrs. Curtis L.
Mitchell, Mrs. Clarence Blair
Mitchell, Mrs. Clarence Van S.
Moore, Mrs. Louis de Bebian
Morgan, Mrs. Alexander P.
Morgan, Mrs. Henry S.
Morgan, Mrs. Junius S.
Nathanson, Mrs. Joseph N.
Peck, Mrs. Samuel A.
Pennoyer, Mrs. Paul G.
Pierce, Mrs. Palmer E.
Pratt, Mrs. Harold Irving
Prince, Mrs. Frederick H., Jr.
Pryibil, Mrs. Paul
Redmond, Mrs. Henry S.
Redmond, Mrs. Roland L.
Robertson, Mrs. Hugh S.
Rudloff, Mrs. John A.
Rue, Mrs. Francis J.
Ruskin, Mrs. Richard A.

Russell, Mrs. Marshall
Sackett, Mrs. Nelson B.
Schaefer, Mrs. George
Searls, Mrs. Fred J.
Smith, Mrs. Frank R.
Smithers, Mrs. Christopher D.
Stander, Mrs. Henricus J.
Stewart, Mrs. William A. W.
Stanton, Mrs. Edward F.
Symington, Mrs. J. Fife, Jr.
Tappin, Mrs. Huntington
Tibbett, Mrs. Lawrence
Tompkins, Mrs. Boylston A.
Trevor, Mrs. Bronson
von Hemert, Mrs. A. Philippe
von Hemert, Mrs. John
von Stade, Mrs. F. Skiddy
Wardwell, Mrs. Allen
Watson, Mrs. George E., Jr.
Wellington, Mrs. Herbert G.
Whitridge, Mrs. Arnold

ENDOWED BEDS

1895 Mr. and Mrs. George G. Williams. *In Memory of* Mrs. Robert L. Stuart

1902 Anna Woerishoffer. *In Memory of* Antoinette, Countess Seilern

1912 Mrs. George P. Eustis. *In Memory of her mother*, Lucy Morgan Street

1912 Anna Woerishoffer. The Anna Woerishoffer Bed

1914 Lilla Gaites. The Marie Stuart Bed

1916 Henry Clay Frick

1928 Estate of Henri D. Dickinson. *In Memory of* Ida May Dickinson

REPORT OF THE DIRECTOR OF SOCIAL SERVICE

To the Board of Governors of

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the pleasure of presenting the Annual Report of the Social Service Department of the Lying-In Hospital for 1955.

This has been an unusually active year for the department. The statistics indicate a continuing increase in referrals from all sources. A comparison of intake figures for the past four years is as follows:

1952.....	574	1954.....	662
1953.....	640	1955.....	759

The requests for service from the semi-private and private pavilions increased from 30 in 1954 to 48 in 1955.

A larger number of unmarried mothers, a group of patients in whom we are particularly interested, was referred to us than ever before. One hundred and sixty-two received help this year as compared with one hundred and two in the previous year.

We believe that this increased tempo is a reflection of the continuing emphasis in the department on the interpretation of our services by the staff members to our co-workers, both in the hospital and in the community. Within the hospital this is achieved not only by formal teaching methods but through our day to day contacts.

Our activity outside of the hospital was concentrated on the committees related to the problems which we found most pressing in connection with our case-work this year. To name a few: housing, child placement (especially as it relates to the difficult-to-place infant), integration of Puerto Ricans into the community, and the need for additional terminal care facilities.

We endeavored to contribute to the over-all hospital programs. Lectures to medical students and student nurses have been continued. We also co-operated in the Family Health Advisory

Program. A presentation of "Problems of the Unmarried Mother and Adoption" was made to the entire medical staff of The Lying-In Hospital at the invitation of Dr. Douglas.

We were again fortunate in the generous services of the volunteer group working for our Babies Alumni Fund. They contributed 1,509 hours and raised a record sum.

Members of the Ladies' Board gave further assistance in the preparation of layettes. This program was supplemented by the very welcome donation by the WOR Children's Fund of 80 gift layettes which were distributed at Christmas time.

Two hundred and five books were donated to the Patients' Library.

As Director I would like to pay tribute to the untiring efforts of the staff members who often worked under considerable pressure due to the increased case-load.

The co-operation and good will of our colleagues have been greatly appreciated.

The Administration and members of the Ladies' Board have been an unfailing source of help and encouragement and we take this opportunity to express our thanks.

Respectfully submitted,

Virginia T. Kinzel
Director of Social Service

PATRONS AND BENEFACTORS

A donor subscribing at one time to the funds of the Society the sum of five thousand dollars becomes a patron of the Society, and a person so subscribing the sum of five hundred dollars becomes a benefactor of the Society.

PATRONS

Harriette M. Arnold
Vincent Astor Foundation
Robert Bacon
George F. Baker
George F. Baker, Jr.
Edward F. Cole
Florence K. and Maxwell M. Geffen
Baroness De Hirsch
Thomas W. Lamont
Mrs. Thomas W. Lamont
Lewis Cass Ledyard
Joseph F. Loubat
J. Pierpont Morgan
J. Pierpont Morgan, Jr.
George W. Perkins
Henry Phipps
Herbert L. Pratt
Daniel G. Reid
Thomas F. Ryan
Charles Steele
Cornelius Vanderbilt
William K. Vanderbilt
Payne Whitney

BENEFACTORS

Mrs. Charles B. Alexander
William Waldorf Astor
Mrs. Richard T. Auchmuty
Mrs. Elliott C. Bacon
Francis S. Bangs
Christopher M. Bell, M.D.
Edward J. Berwind
Dunbar W. Bostwick
Mrs. Dunbar W. Bostwick
George T. Bowdoin
Frederic Bronson
Mrs. Henry Mortimer Brooks
John Claflin
Alfred Corning Clark
William R. Craig
Mrs. Frederic Cromwell
Asa B. Davis, M.D.
John W. Davis
Mrs. George E. Dodge
Mrs. George P. Eustis
Walter E. Frew
Elbert H. Gary
Edwin Gould
Mrs. George J. Gould
Walter S. Gurnee
William D. Guthrie
W. Pierson Hamilton
Mrs. W. Pierson Hamilton
Mrs. Charles W. Harkness
Mrs. E. Henry Harriman
Mrs. James Norman Hill
Clarence M. Hyde
James H. Jones
Mrs. Augustus D. Julliard
Mrs. Sidney A. Kirkman
William G. Low
Mrs. James McLean
Clarence H. Mackay
John Markle
John Mayer
Mrs. John Godfrey Moore
Junius S. Morgan, Jr.
Oswald Ottendorfer
William H. Porter
William E. Randolph
Norman B. Ream
Henry Sanderson
Herbert L. Satterlee
Mrs. Herbert L. Satterlee
Mary Scoville
Francis Lynde Stetson
Henry A. C. Taylor
Mrs. Vanderbilt
Mrs. Fred W. Vanderbilt
Mrs. Sidney Webster
F. Delano Weekes
Grace G. Wilkes
George G. Williams
Egerton L. Winthrop
Mrs. Robert Winthrop
Anna Woerishoffer

DISTRIBUTION OF BEDS

OBSTETRICAL	*Adult*		*Bassinets*
Private	16		16
Semi-Private	39		28
Pavilion	72		58
Total	127		102
GYNECOLOGICAL			
Private	10		
Semi-Private	26		
Pavilion	43		
Total	79		
Total Adult Beds	206		
Total Bassinets	102	Total	308

DISCHARGES

OBSTETRICAL (Adults)			
Private	644		
Semi-Private	1,770		
Pavilion	2,752	5,166	
GYNECOLOGICAL			
Private	296		
Semi-Private	900		
Pavilion	1,058	2,254	7,420
NEWBORN			4,137
INFANT BOARDERS			3
			11,560

SUMMARY OF OBSTETRICAL AND GYNECOLOGICAL SERVICES

September 1, 1932—December 31, 1955

TOTAL NUMBER	
Obstetrical adult patients (Indoor, Outdoor, Berwind)	104,545
Infants (Indoor, Outdoor, Berwind)	86,433
Gynecological patients	35,076
GRAND TOTAL	226,054

STATISTICS

OBSTETRICAL DEPARTMENT

January 1, 1955—December 31, 1955

TOTAL DISCHARGES

*Abortion, operative	379
Abortion, spontaneous	56
Premature operative delivery	109
Premature spontaneous delivery	180
Full term operative delivery	1,444
Full term spontaneous delivery	2,364
Extrauterine pregnancy (19 tubal, 1 ovarian, 1 abdominal)	21
Hydatidiform mole (1 intermediate type, 6 benign)	7
Discharged before delivery	498
Postpartum (within 6 weeks)	79
Postpartum (after 6 weeks)	28
Died undelivered	**1
Infant boarders	3
TOTAL	5,169

RACE (Pregnancies)

White	4,266
Colored	294
TOTAL	4,560

PRESENTATION (Full Term and Premature Deliveries)

Vertex	3,915
Breech	153
Brow	5
Face	4
Transverse	16
Compound	4
TOTAL	4,097

* In this report weight is the standard for classification of infants as follows:

	Weight in grams
Abortion	Less than 500
Premature infant	500–2499
Full term infant	2500 and over

** Postmortem cesarean section performed, infant survived.

OPERATIONS (Full Term and Premature Deliveries)

Forceps	
Low	646
Low-Mid	427
Mid	131
High	1
TOTAL	1,205
Incidence of Forceps = 29.4%	
Breech with MSV maneuver	79
Assisted breech delivery	3
Breech extraction	5
Version and extraction	2
Manual removal of placenta	39
Destructive operation	1
Forceps (rotation instigated only)	1
Disarticulation clavicle, lysis shoulder impaction	1
Extraction dead macerated fetus	1
Episiotomy (spontaneous and operative deliveries)	3,050
Repair third degree laceration (spontaneous and operative deliveries)	110
Cesarean Section	
Classical	29
Low Cervical	151
Radical (hysterectomy)	3
TOTAL	183

INDICATIONS FOR CESAREAN SECTION

Contracted Pelvis and Mechanical Dystocia	
Fetopelvic disproportion	29
Contracted pelvis	8
Presentation (4 transverse, 1 breech, 1 brow, 1 compound)	7
Cervical dystocia	2
Previous vaginal plastic	3
Constriction ring	1
TOTAL	50
Toxemia	
Severe preeclampsia	1
TOTAL	1
Previous Cesarean Section	71
Previous myomectomy (1 with uterine scar defects, 1 with unengaged head)	2

INDICATIONS FOR CESAREAN SECTION—*Continued*

Hemorrhage	
Placenta previa	10
Premature separation of placenta	5
TOTAL	15
Intercurrent Disease	
Diabetes	5
Miscellaneous	
Elderly primipara	13
Prolapsed cord	3
Fetal distress	18
Lack of progress	2
Postmaturity	1
Poor obstetrical history (7 abortions)	1
Immediate need for nitrogen mustard therapy (maternal sarcoma)	1
TOTAL	39
GRAND TOTAL	183

Incidence of Cesarean Section

Total	4.5%
Private	5.9%
Pavilion	3.2%

OBSTETRICAL COMPLICATIONS

IN TOTAL DELIVERIES	*Number*	*Per cent*
Placenta previa	17	0.4
Premature separation of placenta	45	1.1
Placenta previa and premature separation	1	0.02
Suspected marginal sinus rupture	3	0.1
First trimester bleeding (July–December deliveries only)	63	3.2
Second trimester bleeding (July–December deliveries only)	19	1.0
Third trimester bleeding (July–December deliveries only)	78	3.9
Rupture of uterus—1 complete spontaneous, 3 incomplete (defects in previous uterine scars)	4	0.1
Postpartum hemorrhage (C. S. excluded)	54	1.4

OBSTETRICAL COMPLICATIONS—*Continued*

	Number	*Per cent*
Puerperal bleeding	51*	1.2
Contracted pelvis	87	2.1
Prolonged labor	28	0.7
Prolapsed cord	9	0.2
Fetal distress	274	6.7
Constriction ring	1	0.02

* Includes 41 postpartum admissions, whether or not delivered here.

IN TOTAL PREGNANCIES (Deliveries and Abortions)

Toxemia (Total Exclusive of Vomiting)	304	6.7
Postpartum eclampsia	2	0.04
Severe preeclampsia	31	0.7
Mild preeclampsia	173	3.8
Hypertensive disease and severe preeclampsia	3	0.07
Hypertensive disease and mild preeclampsia	22	0.5
Renal disease and severe preeclampsia	1	0.02
Renal and hypertensive disease and mild preeclampsia	1	0.02
Hypertensive disease	66	1.4
Renal disease and hypertensive disease	2	0.04
Unclassified	3	0.07
Vomiting	18	0.4
Antepartum infection	3	0.07
Intrapartum infection (22 among abortions)	30	0.7
Febrile postpartum course	75	1.6
—puerperal infection	56	1.2
—mastitis	3	0.07
—pyelitis	7	0.1
—intercurrent disease (5 urinary, 1 septicemia, 1 peritonitis, 1 rubella)	8	0.2
—other (hematoma of vulva)	1	0.02
One day fever	135	3.0
Low grade fever	22	0.5
Anemia		
Antepartum	161	3.5
Postpartum	605	13.3
Thrombophlebitis		
Antepartum	9	0.2
Postpartum	31	0.7
Hydramnios	13	0.3
Separation of symphysis	4	0.09

IN TOTAL PREGNANCIES (Deliveries and Abortions)—Continued	*Number*	*Per cent*
Vaginal or perineal hematomas	7	0.1
Post cesarean section evisceration	1	0.02
Paralytic ileus	9	0.2
Septicemia	1	0.02
Peritonitis	1	0.02
Puerperal psychosis	3	0.07
Other miscellaneous	67	

PREVIOUS CESAREAN SECTION BY OUTCOME OF PREGNANCY

DELIVERIES	*Full Term*	*Premature*	*Total*
Cesarean Section	65	6	71
Vaginal Operation	23	1	24
Spontaneous	16	1	17
TOTAL	104	8	112
ABORTIONS			16

ANTEPARTUM AND CONCURRENT CONDITIONS

IN TOTAL PREGNANCIES (Deliveries and Abortions)	*Number*	*Per cent*
GYNECOLOGICAL		
Myoma	101	2.2
Ovarian cyst	34	0.7
Endometriosis or history of endometriosis	5	0.1
History of operation for carcinoma of vulva	1	0.02
History of operation for carcinoma of cervix in situ	1	0.02
Cervical polyp	27	0.6
Lymphogranuloma	1	0.02
Condylomata accuminata	1	0.02
Nabothian cysts	42	0.9
Other gynecological tumors	30	0.7
Lacerated cervix	123	2.7
Cystocele	186	4.1
Rectocele	114	2.5
Bartholin's duct cyst or abscess	4	0.09
Perineal-rectal fistula	1	0.02
Vulval varicosities	48	1.1
Bicornuate uterus	11	0.2
Other uterine anomaly (1 double, 2 septate)	3	0.07
Other gynecological disease	181	

ANTEPARTUM AND CONCURRENT CONDITIONS—*Continued*

MEDICAL (Except Gynecological Disease)	*Number*	*Per cent*
Circulatory		
Heart disease, total	163	3.6
Chorea, inactive	2	0.04
Hemorrhoids	126	2.8
Varicose veins (not vulval)	492	10.8
Other circulatory	9	0.2
Respiratory		
Tuberculosis, pulmonary total	71	1.6
Active	11	0.2
Inactive	52	1.1
Questionable activity	8	0.2
Tuberculosis, non-pulmonary	3	0.07
Bronchiectasis	3	0.07
Pneumonia (A.P.)	8	0.2
Asthma	28	0.6
Bronchitis	11	0.2
Previous lobectomy	1	0.02
Previous pneumothorax	2	0.04
Upper respiratory infection	28	0.6
Other respiratory	33	0.7
Digestive		
Appendicitis	2	0.04
Intestinal obstruction	1	0.02
Ulcerative colitis	2	0.04
Intestinal infestation (1 hookworm, 1 pinworm)	2	0.04
Bacillary dysentery	1	0.02
Hernia, total	10	0.2
Umbilical	5	0.1
Incisional	1	0.02
Diaphragmatic	3	0.07
Inguinal	1	0.02
Cholecystitis	6	0.1
Hepatitis (? secondary to thorazine)	2	0.04
Gastroenteritis	4	0.09
Gastric ulcer	1	0.02
Dental caries	44	1.0
Other digestive	24	0.5

IN TOTAL PREGNANCIES (Deliveries and Abortions)—Continued	*Number*	*Per cent*
Urinary		
Chronic renal disease exclusive of those with superimposed toxemia	5	0.1
Calculus	8	0.2
Anomaly of kidney or ureter	1	0.02
Pyelitis, antepartum	26	0.6
Cystitis	8	0.2
Other urinary tract infection (exclusive of postpartum complication)	5	0.1
Other urinary	11	0.2
Blood and Blood-Forming Organs		
Sickle cell anemia	2	0.04
Previous splenectomy for thrombocytopenia	3	0.07
Thrombocytopenic purpura	1	0.02
Iron deficiency anemia	2	0.04
Cooley's anemia	2	0.04
Others	3	0.07
Endocrinological and Nutritional		
Diabetes	14	0.3
Diseases of thyroid or previous thyroidectomy	58	1.3
Obesity	24	0.5
Excessive weight gain	22	0.5
Others	2	0.4
Mental, Nervous and Sense Organs		
Mental disease	8	0.2
Cerebrovascular accident	1	0.02
Epilepsy	10	0.2
Multiple sclerosis	3	0.07
Seizure disorder, unknown etiology	2	0.04
Bell's palsy	1	0.02
Poliomyelitis during pregnancy	3	0.07
History of poliomyelitis	13	0.3
Myasthenia gravis	1	0.02
Neurosis, anxiety	12	0.3
Other nervous	17	0.4
Diseases of eye and ear	25	0.5
Cancer and Other Tumors		
Cancer (currently active 5, postoperative 7)	12	0.3
Boeck's sarcoid	3	0.07
Other non-malignant tumors	27	0.6

IN TOTAL PREGNANCIES (Deliveries and Abortions) Continued	*Number*	*Per cent*
Skin		
Erythema multiforme	1	0.02
Psoriasis	3	0.07
Dermatitis, acne, etc	17	0.4
Others of skin	12	0.3
Bone and Muscles		
Kyphosis	2	0.04
Congenital dislocation of hip	3	0.07
Other congenital deformities	4	0.09
Scoliosis	3	0.07
Arthritis	3	0.07
Previous fracture of pelvis	3	0.07
Previous fracture of symphysis	1	0.02
Others of bone and muscle	8	0.2
Miscellaneous Diseases		
Rubella	5	0.1
Parotitis	1	0.02
Syphilis, or history of syphilis	32	0.7

SURGERY COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD

SURGERY DURING PREGNANCY

Resection of ovarian cyst	2
Myomectomy	4
Abdominal amniotomy	1
Colpotomy	7
Removal of ectopic pregnancy and appendectomy (simultaneous intrauterine pregnancy)	1
Appendectomy	13
Exploratory laparotomy and lysis of adhesions	3
Splenectomy	1
Cholecystectomy	2
Mitral valvulotomy	5
Excision fistula in ano	1
Excision of condylomata of rectum	1
Repair of incompetent cervical os	1
Cervical polypectomy	6

SURGERY COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

SURGERY DURING PREGNANCY—*Continued*

Excision Bartholin's duct cyst	1
Incision and drainage of Bartholin's duct abscess	2
Thyroidectomy	2
Excision of breast tumor	5
Excision and drainage of breast abscess	1
Ureterolithotomy	1
Excision melanoma	2
Other minor operations	35
TOTAL	97

SURGERY AT TERMINATION OF PREGNANCY

AT CESAREAN SECTION

Hysterectomy (1 total with S. and O., 2 subtotal)	3
Resection and repair of old scar	4
Tubal sterilization	12
Myomectomy	4
Exploratory laparotomy and resection of ovary	1
Appendectomy	41
Lysis of adhesions	5
Excision hydatid of Morgagni	1
Minor operation	3

AT TERMINATION OF EXTRAUTERINE PREGNANCY

Salpingectomy	5
Salpingectomy and other removal operations (4 with tubal plastics)	10
Salpingectomy and lysis of adhesions	3
Repair of tube via colpotomy incision	1
Biopsy of ovarian cyst (ovarian pregnancy)	1
Exploratory laparotomy and excision of secondary abdominal pregnancy	1

NOTE: The following procedures were performed in some of the above cases prior to laparotomy:

D & C	10	Aspiration of cul de sac	6
Culdoscopy	1	Colpotomy	3

SURGERY COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

SURGERY AT TERMINATION OF PREGNANCY—*Continued*

AT OTHER ABORTION (Including Therapeutic)

Total hysterectomy and other removal operation	2
Subtotal hysterectomy and other removal operation	1
Suspension of uterus	1
Resection of ovary	2
Appendectomy	1
Tubal sterilization	3
Other operation, minor	26

AT VAGINAL DELIVERY

Repair of cervix	19
Tamponade of uterus	2
Modified posterior repair	1
Other minor operations	2
TOTAL	155

SURGERY IN THE POSTPARTUM PERIOD

Total hysterectomy alone	2
Subtotal hysterectomy and other removal operation	1
Subtotal hysterectomy alone	1
Salpingectomy and myomectomy	1
Resection of ovary	1
Vaginal hysterectomy, A. and P. repair	1
Excision desmoid tumor of rectus sheath	1
Appendectomy	6
Drainage of appendiceal stump	1
Tubal sterilization	13
Lysis of adhesions	3
Secondary closure of abdominal incision	1
Repair of rectovaginal fistula	1
Repair of perineal-rectal fistula	1
Perineorrhaphy	2
Evacuation of hematoma	8
Incision and drainage breast abscess	23
Dilatation and curettage	41
Other minor operations	76
TOTAL	184

NON-OPERATIVE PROCEDURES AMONG PATIENTS WHO DELIVERED

Induction without pitocin	16
Induction with pitocin	154
Induction—rupture of membranes	314
Stimulation of labor with pitocin	380
Cystoscopy	5
Examination under anesthesia only	3
Vaginal examination—intrapartum	1,038
Exploration of uterine cavity at delivery	55
Transfusions (number of patients receiving transfusions)	124
Other non-operative procedures	244

ANTEPARTUM DISCHARGES

Primary Reason for Admission

OBSTETRICAL COMPLICATIONS

Threatened abortion	90
Rupture of membranes	6
Antepartum bleeding	55
Placenta previa or low-lying placenta	1
False labor	115
Induction—unsuccessful	6
Toxemia or history of toxemia	26
Vomiting	21
Bulging membranes (29 weeks)	1
Diagnosis of pregnancy	5
Thrombophlebitis	4
Stasis dermatitis, leg	1
Herpes gestationis	1
Suspected ectopic pregnancy	2
Evaluation of renal status	6
Separation of symphysis	1
Evaluation of habitual aborter	2

GYNECOLOGICAL COMPLICATIONS

Operative	
Major abdominal	5
Minor	10
Non-Operative	
Examination under anesthesia	3
Myoma	3
Ovarian cyst	1
Bartholin's duct cyst	1
Vaginal ulcer	1
Acute monilial vulvitis	2

ANTEPARTUM DISCHARGES—*Continued*

MEDICAL AND SURGICAL COMPLICATIONS (Excluding Gynecological Disease)

Operative	
Major abdominal	8
Minor	13
Non-Operative	
Postoperative patent ductus arteriosus	1
Pre or postoperative to mitral valvulotomy	3
Coronary occlusion	1
Evaluation of cardiac status	22
Hemorrhoids	1
Pneumonia	2
Upper respiratory infection infection	1
Intestinal obstruction	1
Cholecystitis	2
Hiatus hernia	1
Bacillary dysentery	1
Gastroenteritis	5
Infectious hepatitis	1
Pyelitis	8
Urinary calculus	9
Hydronephrosis	1
Cystitis	6
Anemia (2 sickle cell, 2 other)	4
Diabetes	9
Suspected diabetes	1
Possible mutiple sclerosis	1
Neurological work-up (? epilepsy)	1
Psychoneurosis	5
Bell's palsy	1
Lupus erythematosis	1
Dermatitis	2
Undiagnosed pain	14
Others	4
TOTAL	499

POSTPARTUM ADMISSIONS

Primary Reason for Admission

Puerperal bleeding	41
Total hysterectomy, lysis of adhesions (for hemorrhage)	1
Resection of ovaries and appendectomy	1
Salpingectomy, myomectomy and lysis of adhesions	1
Endometritis, parametritis	4
Serum disease reaction to procaine penicillin	1
Puerperal psychosis, or depression	3
Urinary tract infection	3
Closure of vaginal laceration	1
Biopsy of breast mass	1
Evaluation of status after toxemia	4
Breast abscess	25
Mastitis	3
Thrombophlebitis	5
Admitted after septic abortion treated elsewhere	1
Abscess of perineum	1
Admitted following delivery	2
Evacuation of hematoma	1
Discharged from Lying-In after thyroidectomy on Surgery	1
Transferred to Neurology for evaluation of Bell's palsy	1
Miscellaneous diseases of digestive tract	4
Abdominal pain, undetermined etiology	2
TOTAL	107

AND BY BIRTH WEIGHT—1955

Cause of Death	Before Labor				During Labor				Neonatal				Total			
	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total
Anoxia																
Premature separation of placenta	2	1	..	3	1	1	3	5	..	..	..	..	3	2	3	8
Others of placenta	2	1	1	4	..	1	..	1	..	..	..	..	2	2	1	5
Cord-prolapse	1	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1
Cord—other	..	2	1	3	..	..	..	..	..	..	..	..	..	2	1	3
No Abnormal State—Maternal Complication																
With Toxemia	1	3	..	4	1	..	..	1	..	..	..	..	2	3	..	5
Diabetes	..	..	1	1	..	..	..	..	..	..	1	1	..	..	2	2
Other acute disease	3	..	..	3	..	..	..	..	..	..	..	..	3	..	..	3
Birth Injury	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
Malformation	1	3	3	7	..	3	..	3	..	3	9	12	1	9	12	22
Abnormal Pulmonary Ventilation																
Atelectasis with hyaline membrane	..	..	..	..	..	..	..	..	1	3	2	6	1	3	2	6
Atelectasis without hyaline membrane	..	..	..	..	..	1	..	1	12	7	2	21	12	8	2	22
Aspiration of amniotic fluid	..	..	..	..	..	..	1	1	2	2	2	6	2	2	3	7
Infection																
Bronchopneumonia	..	..	..	..	..	..	..	..	..	..	3	3	..	..	3	3
H-influenzae contracted in utero	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	1
Erythroblastosis	..	1	1	2	..	1	..	1	..	1	2	3	..	3	3	6
Other Conditions or Causes																
Intracranial or other hemorrhage	..	..	..	..	..	..	1	1	2	10	..	12	2	10	1	13
Jaundice? etiology	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	1
Embolization of brain tissue	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
Prematurity	..	..	..	..	..	..	..	..	6	1	..	7	6	1	..	7
Macerated, no cause determined	2	5	2	9	..	..	..	..	..	..	..	..	2	5	2	9
TOTAL	12	16	9	37	2	7	6	15	23	28	23	74	37	51	38	126

LIVE BIRTHS, DEADBORN AND TOTAL BIRTHS, NEONATAL AND TOTAL DEATH RATES PER 100

BY BIRTH WEIGHT IN GRAMS

(including twins and 1 set of triplets)

Weight in Grams	*Live Births*	*Neonatal Deaths*	*Neonatal Death Rate Per 100 Live Births*	*Deadborn*	*Total Births (Live and Deadborn)*	*Total Deaths (Neonatal and Deadborn)*	*Total Death Rate per 100 Total Births*
500– 999	25	23	92.0	14	39	37	94.9
1,000–1,499	29	18	62.1	7	36	25	69.4
1,500–1,999	42	5	11.9	7	49	12	24.5
2,000–2,499	189	5	2.6	9	198	14	7.1
2,500–2,999	750	10	1.3	5	755	15	2.0
3,000–3,499	1,649	10	0.6	4	1,653	14	0.8
3,500–3,999	1,086	3	0.3	2	1,088	5	0.5
4,000–4,499	281	..	..	2	283	2	0.7
4,500–4,999	33	..	..	1	34	1	2.9
5,000+	1	..	..	1	2	1	50.0
TOTAL	4,085	74	1.8	52	4,137	126	3.0
1,000 and over	4,060	51	1.3	38	4,098	89	2.2
1,500 and over	4,031	33	0.8	31	4,062	64	1.6

MATERNAL MORTALITY FOR PERIOD
September 1, 1932—December 31, 1955

PAVILION, PRIVATE AND BERWIND OUTDOOR SERVICES

During this period there were 115 deaths in 104,545 discharged patients; a maternal mortality rate of 1.1 per 1,000 patients discharged, or 1.2 per 1,000 pregnancies. In 1955 there were three deaths. The causes of death for the total period are shown in the following table:

Cause of Death	*1932 to 1937*	*1938 to 1942*	*1943 to 1947*	*1948 to 1952*	*1953 to 1954**	*1995*	*Total*	*Grand Total*	*Per Cent Total*
Infection									
Antepartum	1	..	..	..	..	..	1		
Postpartum									
Puerperal infection	4	..	1	..	..	..	5		
Peritonitis following C. S.	5	1	..	..	..	..	6	19	16.5
Peritonitis following ruptured appendix	..	2	..	..	..	..	2		
Postabortal	1	3	..	1	..	..	5		
Pneumonia									
Antepartum	2	..	..	..	..	..	2	8	7.0
Postpartum	4	..	1	..	..	1	6		
Hemorrhage									
Antepartum									
Placenta previa	1	..	..	..	..	..	1		
Premature separation of placenta	3	..	..	..	..	..	3		
Postpartum									
Vaginal delivery	4	2	3	..	..	..	9	19	16.5
Following cesarean section	2	1	..	..	..	..	3		
Ruptured uterus	1	1	..	..	..	..	2		
Ectopic pregnancy	..	1	..	..	..	..	1		
Toxemia									
Acute yellow atrophy	2	1	..	..	..	..	3	5	4.3
Eclampsia	1	..	..	1	..	..	2		
Cardiac disease									
Antepartum	2	3	3	5	2	1	16	22	19.1
Postpartum	3	1	..	1	1	..	6		
Embolus	4	6	2	..	1	..	13	13	11.3
Pyelonephritis	2	..	..	1	..	..	3	3	2.6
Necrosis of renal cortices	..	..	1	..	..	..	1	1	0.8
Cerebrovascular accident	2	1	3	..	..	..	6	6	5.2
Anesthesia	1	1	..	..	..	..	2	2	1.7
Transfusion reaction	..	..	2	..	..	..	2	2	1.7
Tuberculosis, miliary	1	..	..	..	..	..	1	1	0.9
Chorioepithelioma (postpartum)	1	..	1	..	..	..	2	2	1.7
Carcinoma of breast	..	..	..	3	..	..	3	3	2.6
Carcinoma of liver	..	..	1	..	..	..	1	1	0.9
Carcinoma of thyroid	..	..	1	..	..	..	1	1	0.9
Melanocarcinoma skin of right buttock	..	..	..	1	..	..	1	1	0.9
Sarcoma (neurogenic) left buttock	..	..	1	..	..	..	1	1	0.9
Sarcoma (reticulum cell)	..	..	..	..	..	1	1	1	0.9
Blood dyscrasia-erythroblastic splenomegaly	1	..	..	..	..	..	1	1	0.9
Suicide (undelivered)	1	..	..	..	..	..	1	1	0.9
Colitis, subacute	..	1	..	..	..	..	1	1	0.9
Not determined (insufficient data)	1	..	..	..	..	..	1	1	0.9
TOTAL	50	25	20	13	4†	3	115	115	100.0

*There were no maternal deaths in 1954.
†Two of these deaths occurred after transfer to other services in the main hospital.

STATISTICS

GYNECOLOGICAL DEPARTMENT

January 1, 1955—December 31, 1955

TOTAL DISCHARGES		2,254
Race		
White	2,048	
Colored	206	
TOTAL	2,254	

DIAGNOSIS ON DISCHARGE

Vulva	
Bartholin's gland abscess or cyst	58
Benign tumor	14
Carcinoma	10
Condylomata	4
Congenital abnormalities	1
Diseases of hymen	8
Hyperkeratosis	2
Leukoplakia	4
Vulvitis	8
Others of vulva	27
Vagina and Perineum	
Benign tumor	11
Congenital abnormalities	3
Cul-de-sac hernia	74
Cystocele	382
Rectocele	369
Gartner's duct tumor	6
Inclusion cyst	7
Old perineal laceration	9
Rectovaginal fistula	5
Relaxed outlet	369
Perineal fistula	2
Recto-perineal fistula	2
Vaginitis	20
Vesicovaginal fistula	6
Others of vagina and perineum	140
Cervix	
Carcinoma, adeno, (1 adenoacanthoma type)	3
Carcinoma, squamous (invasive)	71
Carcinoma, in situ (Stage O)	25
Basal cell hyperactivity	54

DIAGNOSIS ON DISCHARGE—*Continued*

CERVIX—Continued	
Cervicitis	836
Endocervicitis	59
Congenital abnormalities	4
Descensus	64
Endometriosis	6
Erosion	249
Hyperkeratosis	45
Hypertrophy	89
Laceration	107
Myoma	8
Polyp	215
True ulcer	35
Other benign tumors	20
Squamous metaplasia	247
Stenosis	32
Tuberculous cervicitis	1
Cystic	675
Others of cervix	65
UTERUS	
Atrophic endometrium	278
Adenomyoma	18
Adenomyosis	214
Carcinoma	50
Congenital abnormalities	9
Endometriosis	14
Endometritis	26
Hyperplasia of endometrium	140
Menorrhagia	664
Metrorrhagia	537
Myoma	589
Polyp	325
Procidentia	99
Pyometria	2
Retroversion	219
Other malposition	43
Sarcoma	7
Tuberculosis (?)	1
Other benign tumors	2
Others of uterus	184
TUBE	
Benign tumor	8
Carcinoma	6
Congenital abnormalities	4
Endometriosis	12
Hematosalpinx	3

DIAGNOSIS ON DISCHARGE—*Continued*

TUBE—Continued	
Hydrosalpinx	31
Pyosalpinx	4
Perisalpingitis	20
Salpingitis	174
Tubo-ovarian abscess	3
Tuberculosis	6
Others of tube	103
OVARY	
Arrhenoblastoma	2
Carcinoma	26
Krukenberg tumor	3
Malignant teratoma	1
Congenital abnormalities	3
Brenner tumor	2
Corpus luteum cyst	34
Dermoid cyst	18
Endometrial cyst	42
Endometriosis	25
Fibroma, fibroadenoma	7
Follicular cyst	80
Endosalpingioma, benign	1
Granulosa cell cyst	11
Perioophoritis	60
Para-ovarian cyst	26
Peripheral sclerosis	18
Prolapse	22
Pseudomucinous cyst	7
Pseudomucinous cystadenoma	2
Serous cystadenoma	3
Simple retention cyst	34
Tuberculous ovarian abscess	1
Other cysts and tumors	118
Others of ovary	140
OTHER CONDITIONS	
Stein-Leventhal syndrome	6
Intraligamentary cyst	1
Endometriosis—other genital	12
Endometriosis—extra genital	6
Granuloma broad ligament and peritoneum (?tuberculous)	1
Pelvic abscess	3
Pelvic peritonitis	4
Syphilis	29
Urethrocele	98
Other (miscellaneous), gynecological and associated pelvic conditions	669

CANCER ADMISSIONS

1955

	New Cases	*First Admission of 1955*	*Total Admissions in 1955*
Cervix Uteri			
Invasive, Stages I–IV	33	48	74
Intraepithelial, Stage O	19	21	25
Corpus Uteri			
Carcinoma	31	36	50
Sarcoma	5	7	7
Ovary			
Carcinoma	15	19	26
Other	4	5	6
Tube	2	3	6
Vulva			
Invasive	3	4	8
Intraepithelial	1	1	2
Urethra	..	1	3
Bladder	3	3	5
TOTAL	116	148	212

OPERATIONS

Major	812
Minor	1,263
TOTAL	2,075

POSTOPERATIVE COMPLICATIONS

Among 2,075 operative cases 1,645 or 79.2% had no postoperative complications.

The following occurred among the 431 patients who had postoperative complications:

	Number	*Per cent of Total Operative Cases*
Febrile—etiology unknown	127	6.1
Febrile—pneumonia	5	0.2
Febrile—urinary tract infection	72	3.5
Febrile—thrombophlebitis	3	0.1
Febrile—infection operative site	2	0.1
Febrile—other cause	17	0.8
Shock—operative	4	0.2
Urinary tract infection—afebrile	77	3.7
Thrombophlebitis—afebrile	5	0.2

Some of the following complications occurring with a febrile course were included in the categories above also, and in some instances more than one complication occurred in the same individual:

Pulmonary embolus	4	0.2
Paralytic ileus	13	0.6
Intestinal obstruction	7	0.3
Atelectasis	6	0.3
Wound infection	9	0.4
Wound distruption (1 complete dehiscence, 4 minor or partial separations)	5	0.2
Septicemia	1	0.05
Anemia	123	5.9
Hemorrhage	14	0.7
Hematoma	13	0.6
Anesthesia reaction	2	0.1
Vesicovaginal fistula	1	0.05
Other respiratory	8	0.4
Other urinary	61	2.9
Other digestive	10	0.5
Miscellaneous	16	0.8
TOTAL	605	

TOTAL OPERATIONS AND PROCEDURES PERFORMED ON PATIENTS DISCHARGED FROM GYNECOLOGICAL SERVICE 1955*

Vaginal and Perineal	
Dilatation of cervix	9
Dilatation and curettage	1,461
Tubal insufflation	37
Biopsy cervix	606
Other biopsy	26
Insertion of pessary	51
Insertion of radium	34
Cauterization of cervix	40
Bartholin's excision	36
Bartholin's incision and drainage	12
Removal condylomata	4
Removal inclusion cyst	4
Removal Gartner's cyst	5
Hymenotomy	25
Cervical repair	12
Polypectomy	88
Amputation cervix	40
Vulvectomy	4
Perineorrhaphy	8
Anterior colporrhaphy	229
Posterior colporrhaphy	237
Other vaginoplasty	1
Vaginectomy	2
Vaginal myomectomy	10
Repair cul-de-sac hernia	52
Vaginal hysterectomy	118
Culdoscopy	3
Colpotomy	31
Excision of cervical stump	11
Other vaginal operations	108

Abdominal Gynecological Operations	
Total hysterectomy	308
Subtotal hysterectomy	9
Myomectomy	51
Suspension	34

Abdominal Gynecological Operations—Continued	
Radical hysterectomy and lymphadenectomy	10
Salpingectomy, unilateral	85
Salpingectomy, bilateral	192
Oophorectomy, unilateral	86
Oophorectomy, bilateral	187
Resection of ovary	64
Removal para-ovarian cyst	3
Cauterization endometrial implants	2
Tubal sterilization (2 via colpotomy)	4
Salpingostomy	22
Suspension of ovary	2
Other abdominal operations	71

Urinary Tract Operations	
Plication urethra	9
Supra-pubic suspension urethra	14
Repair vesico-vaginal fistula	3
Biopsy	13
Excision urethral caruncle	9
Excision urethral polyp	5
Other operations	20

Rectal Operations	
Repair recto-vaginal fistula	2
Hemorrhoidectomy	23
Polypectomy	1
Fissurotomy	3
Excision anoperineal fistula	1
Other operations	19

* This table refers to operations and procedures performed during the patient's hospital admission.

TOTAL OPERATIONS AND PROCEDURES—*Continued*

Other Abdominal Operations	
Exploratory laparotomy, no removal	7
Exploratory laparotomy, biopsy	44
Release of adhesions	123
Appendectomy	231
Repair hernia	21
Secondary closure	1
Colostomy	2
Resection omentum, sigmoid or ileum	13
Other Operations	
Excision breast tumors	33
Paracentesis	14
Presacral neurectomy	3
Other operations	86
Non-Operative Procedures	
Examination under anesthesia	1,832
Proctoscopy	104
Cystoscopy	121
Therapy, Non-Operative	
Transfusions	353
X-ray	49

MORTALITY ON THE GYNECOLOGICAL SERVICE FOR THE PERIOD—September 1, 1932—December 31, 1955

During this period there were 222 deaths in 35,076 discharged patients, giving a gross mortality of 0.63% or 6.3 per thousand patients discharged.

	Postoperative Mortality†			
	1955		*1932–1955*	
	Operations	*Deaths*	*Operations*	*Deaths*
Major	812	1	13,316	79
Minor	1,263	..	17,577	36
Total	2,075	1	30,893	115

The incidence of postoperative mortality = 0.05% (0.5 per thousand) for 1955 and for the whole period, 0.4% (4 per thousand).

The causes of death in these 222 patients are shown in the following table:

Cause of Death	*1932–1937*	*1938–1942*	*1943–1947*	*1948–1952*	*1953–1954*	*1955*	*Total*
Acute leukemia	..	..	..	1	..	..	1
Air embolism	..	..	1	..	..	..	1
Asphyxia	..	..	1	..	..	..	1
Carcinoma of bladder	..	1	..	..	..	..	1
Carcinoma, bronchogenic	..	..	..	1	..	..	1
Carcinoma, breast	..	..	..	1	..	..	1
Carcinoma of cervix	3	2	10	23	4	2‡	44
Carcinoma of colon	..	2	..	..	..	..	2
Carcinoma of ovary	7	14	12	21	9*	2	65
Carcinoma of pancreas	..	..	1	..	..	..	1
Carcinoma of rectum	..	..	1	..	..	..	1
Carcinoma, sigmoid	..	..	..	1	..	..	1
Carcinoma of tube	..	1	..	..	1	..	2
Carcinoma of urethra	..	1	..	..	1	..	2
Carcinoma of uterus	1	5	4	11	2	..	23
Carcinoma of vagina	1	..	1	..	..	..	2
Carcinoma of vulva	..	..	1	1	..	..	2
Cardiac failure	1	..	1	2	..	..	4
Coronary thrombosis	..	1	1	1	1	..	4
Diabetes	..	1	1	..	..	..	2
Hemorrhage, cerebral	1	..	..	..	..	..	1
Hemorrhage, cervical myoma	1	..	..	..	..	..	1
Hepatic abscess	..	..	1	..	..	..	1
Krukenberg tumor	1	..	1	..	..	..	2
Leiomyosarcoma, pelvis-site of origin unknown	..	..	..	1	..	..	1
Malignant lymphoma	..	..	..	1	..	..	1
Malignant melanoma	1	..	..	..	..	..	1
Narcosis (gas, oxygen, ether)	..	2	1	..	..	..	3
Nephritis	..	..	..	1	..	..	1
Pelvic inflammatory disease	1	..	..	..	..	..	1
Pelvic malignancy, site of origin unknown	2	..	..	..	3	..	5
Peritonitis	3	1	1	..	..	..	5
Pneumonia	2	1	..	..	..	..	3
Pseudohemophilia	..	..	..	1	..	..	1
Pulmonary embolus	2	8	3	1	..	..	14
Ruptured appendix	1	1	..	..	..	..	2
Sarcoma of ovary	1	..	..	..	..	..	1
Sarcoma of pancreas	..	1	..	..	..	..	1
Sarcoma of uterus	1	3	4	..	..	1	9
Theca granulosa cell tumor	..	1	..	..	..	..	1
Thrombo-embolism	..	..	1	..	..	..	1
Tuberculosis, miliary	..	..	1	..	..	..	1
Tuberculous peritonitis	..	..	..	1	..	..	1
Tubo-ovarian abscess	..	..	..	..	..	1	1
Uremia	..	1	..	..	..	..	1
Vascular accident (?)	..	..	..	..	1	..	1
Total	30	47	48	69	22	6	222

* One of these patients died after transfer to Surgical Department.

† "Postoperative Mortality" as used in this table includes all deaths following any operative procedure, major or minor, provided the procedure was performed during the terminal hospital stay of the patient, irrespective of the duration between operation and death.

‡ One of these patients died after transfer to the Medical Department.

PUBLICATIONS OF THE MEMBERS OF THE MEDICAL STAFF OF THE LYING-IN HOSPITAL

1955

Bonsnes, R. W. and Sweeney, W. J., III. A Rapid, Simple Semiquantitative Test for Fibrinogen Employing Thrombin. *Am. J. Obs. & Gyn., 70:334.*

Buchman, M. I. A Typhoid Ulcer of the External Genitals. *Am. J. Obs. & Gyn., 70;435.*

Dennen, Edward H. and Moore, E. J. T. Management of Persistent Brow Presentation. *Obs. & Gyn., 6:2, 186.*

Dennen, Edward H. Forceps Deliveries. F. A. Davis Company, Philadelphia, Pa.

Douglas, R. Gordon, Bonsnes, R. W. and duVigneaud, Vincent. Natural and Synthetic Oxytocin—Preliminary report on the use of both for the induction and stimulation of labor. *Obs. & Gyn., 6:254.*

Douglas, R. Gordon, Buchman, M. I., and Macdonald, F. A. Premature Separation of the Normally Implanted Placenta. *J. Obs. & Gyn. Brit. Emp., 52:170.*

Douglas, R. Gordon and Halsey, Hugh II. The Management of Fetal Distress. *Bull. Margaret Hague Maternity Hosp. 8:1, 3.*

Douglas, R. Gordon and Macdonald, Frances A. 156th Annual Report of the Society of the Lying-In Hospital of the City of New York for the year 1954.

Douglas, R. Gordon and Macdonald, Frances A. Collaboration on the Tenth Annual Report on the Results of Treatment in Cancer of the Uterus. 10th Volume.

Finn, William F. Association of Pregnancy With Cancers of the Breast and Cervix. *J. Med. Soc. N. J., 52:61.*

Herman, Leon and Barrows, David. Sarcoma of the Uterus. Clinicopathologic Study of Nine Cases with Review of the Literature. *Obs. & Gyn., 6:1, 18.*

Javert, C. T. Pathologic Classification for Staging of Squamous Cell Carcinoma of the Cervix. *Cancer, 8:285.*

Javert, C. T. Decidual Bleeding in Pregnancy. *Annals of the N. Y. Acad. of Sciences, 61:700.*

Javert, C. T. Therapeutic Sterilization, Chapter on, in Gynecology by R. L. Lowrie. *Charles C. Thomas, Springfield, 1955. p. 397.*

Lane, Frederick E. and Finn, William F. Postpartum Eclampsia with Cerebral Hemorrhage. Report of a case. *Obs. & Gyn. 6:1, 63.*

Langstadt, J. R. and Javert, C. T. Sarcoma and Myomectomy. *Cancer, 8:1142.*

Mendelson, Curtis L. Supportive Care, Interruption of Pregnancy and Mitral Valvulotomy in the Management of Mitral Stenosis During Pregnancy. *Am. J. Obst. & Gyn. 69:1233.*

Schaefer, George. Clinical Management of the Pregnant Woman with Tuberculosis. *N. Y. State J. Med., 55:1189.*

Schaefer, George. Female Circumcision. *Obs. & Gyn., 6:235.*

Schaefer, George. Treatment of Female Genital Tuberculosis. *Am. J. Obs. & Gyn., 69:1333.*

Schaefer, George. Tuberculosis of the Breast. *Am. Rev. Tuberc., 71:810.*

Smith, Frank R. New Therapeutic Agents for Treatment of Carcinoma of the Pelvis. *J. Int. Col. Surg. 23:2.*

Smith, Frank R. Primary Carcinoma of the Vagina. *Am. J. Obs. & Gyn. 69:525.*

Smith, Frank R. Memoriam—William Patrick Healy. *Am. J. Roent. Rad. Therapy & Nuclear Med. 73:5.*